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## BIB DATA SHEET

CONFIRMATION NO. 6363

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/714,353	11/14/2003	424	1643	GMI-059
<b>RULE</b>				
<b>APPLICANTS</b> Janine Schuurman, Amsterdam, NETHERLANDS; Catharina Emanuele Gerarda Havenith, Bodegraven, NETHERLANDS; Paul Parren, Odyk, NETHERLANDS; Jan G.J. Van De Winkel, Zeist, NETHERLANDS; Denise Leah Williams, San Jose, CA; Jorgen Petersen, Rungsted Kyst, DENMARK; Ole Baadsgaard D.M. Sc., Malmö, SWEDEN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/426,690 11/15/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/17/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /LYNN ANNE BRISTOL/ Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWINGS</b> 16	<b>TOTAL CLAIMS</b> 98 31
				<b>INDEPENDENT CLAIMS</b> 12 18
<b>ADDRESS</b> LAHIVE & COCKFIELD, LLP ONE POST OFFICE SQUARE BOSTON, MA 02109-2127 UNITED STATES				
<b>TITLE</b> Human monoclonal antibodies against CD25				
<b>FILING FEE RECEIVED</b> 9006	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	